MODIFICATION REQUEST FOR TRAINING ACCELERATION GRANT (TAG)

State Form 52731 (7-06)
INDIANA WORKFORCE DEVELOPMENT

Grantee Information

Grant Number: _____ **Date:** _____

Grantee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Modification

Current Contractual Agreement	Proposed Modification

Budget Impact

Please complete this section when any requested modification will change the amount allocated to any category i.e. monies are being moved from "books"(indicate as a negative number) and added to "Contracted Services"(indicate as a positive number).
When amounts are entered for the Requested Modification the Modified Budget Total will be calculated.

		Current Budget	Requested Modifications (+/-)	Modified Budget Total
1. Books		$	$	$ -
2. Lab Fees		$	$	$ -
3. Tuition		$	$	$ -
4. Contract Services		$	$	$ -
	sub-total	$ -	$ -	$ -
5. Administration	0%	$ -	$ -	$ -
	TOTAL	$ -	$ -	$ -

Outcomes (credentials/degrees)

Type: _____	Type: _____
Name: _____	Name: _____
Number: _____	Number: _____

Curriculum

Description: _____	Description: _____
_____	_____
Number: _____	Number: _____

Training Provider

Name: _____	Name: _____
Address _____	Address _____
_____	_____
Contact Name: _____	Contact Name: _____

Time Extension

End Date: _____	End Date: _____

Number of Trainees

Number of Trainees: _____	Number of Trainees: _____

Name Change

Grantee Name: _____	Grantee Name: _____
Employer Name (if consortium): _____	Employer Name (if consortium): _____

Modification - continued

Removal / Addition of Employer (if consortium)

Employer Name:	
Street Address:	
City, State, Zip:	
Phone:	
FEIN:	
Type of Training:	

Number of Employees:	Number of Trainees:	Number of Credentials:

Employer Name:	
Street Address:	
City, State, Zip:	
Phone:	
FEIN:	
Type of Training:	

Number of Employees:	Number of Trainees:	Number of Credentials:

Removal / Addition of Grant Administrator

Name:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	

Please explain why you would like to make this/these modifications.

Will your modification adjust any line item in the budget? (check one) ☐ Yes ☐ No If yes, please explain how the budget will change, and attach a copy of the original budget.

Send To:

ATTN: Market Development
Indiana Department of Workforce Development
10 N. Senate Avenue, SE205
Indianapolis, IN 46204-2277

For Any Inquires Contact:

www.in.gov/dwd
Phone: 1-800-465-4616
Fax: 317-232-1821

Application Authorization

Signature

Date

Printed Name and Title

Internal Use Only

Approved by: Date: